





EXHIBIT 1

BALLOT**PLEASE COMPLETE THE FOLLOWING:**

ONE BEACON AMERICA INSURANCE COMPANY DRINKER BIDDLE & REATH LLP DAVID P PRIMACK 1100 N MARKET ST, STE 1000 WILMINGTON, DE 19801-1254	<i>In re W. R. Grace & Co., et al.</i> Case No. 01-01139 (JFK) Class 6 Asbestos PI Claims (Indirect PI Trust Claims)
Please read the instructions accompanying this Ballot before completing the Ballot. Print Clearly.	
Item 1. PRINCIPAL AMOUNT OF INDIRECT PI TRUST CLAIM. Amount of your claim for voting purposes only: <u>\$1.00.</u>	
Item 2. VOTE ON THE PLAN. The undersigned Holder of the Indirect PI Trust Claim in the amount set forth in Item 1 hereby votes <u>all</u> of its Claim to (check one box only):	
<input type="checkbox"/>	ACCEPT the Plan 
<input type="checkbox"/>	REJECT the Plan 
Please note: If you vote to accept the Plan, you will be deemed to have given the specific releases set forth in Section 8.8.7 of the Plan.	
Item 3. TELEPHONE NUMBER / AUTHORIZATION	
Telephone Number:	
Name of Signatory (if different from claimant):	
If by Authorized Agent, Title or Agent:	
Item 4. ACKNOWLEDGEMENTS AND CERTIFICATIONS. By signing and returning this Ballot, you make the following acknowledgements and certifications:	
(i)	I have been provided with a copy of the Plan, the Disclosure Statement, the Exhibit Book, the Voting Procedures, and the exhibits thereto; and
(ii)	I was the Holder of an Indirect PI Trust Claim, as defined in the Plan, as of the Voting Record Date or I have the authority, under applicable law, to vote to accept or reject the Plan on behalf of a Holder of an Indirect PI Trust Claim as of the Voting Record Date.
Item 5. SIGNATURE AND DATE:	
Signature of Claimant or Authorized Agent	Date
Item 6. ADDRESS CORRECTIONS, IF ANY (PRINT CLEARLY)	
Name	
Address 1	
Address 2	
City, State and ZIP Code (US)	

BALLOT**PLEASE COMPLETE THE FOLLOWING:**

ONE BEACON AMERICA INSURANCE COMPANY DRINKER BIDDLE & REATH LLP DAVID P PRIMACK 1100 N MARKET ST, STE 1000 WILMINGTON, DE 19801-1254	<i>In re W. R. Grace & Co., et al.</i> Case No. 01-01139 (JFK) Class 9 General Unsecured Claims
Please read the instructions accompanying this Ballot before completing the Ballot. Print Clearly.	
Item 1. PRINCIPAL AMOUNT OF GENERAL UNSECURED CLAIM. The undersigned certifies that as of March 11, 2009 (the " <u>Voting Record Date</u> "), the undersigned was the Holder, or had the authority to vote for the Holder, of a General Unsecured Claim in the amount set forth below. Amount of your claim for voting purposes only: \$ <u>1.00</u> .	
Item 2. VOTE ON THE PLAN. The undersigned Holder of the General Unsecured Claim in the amount set forth in Item 1 hereby votes <u>all</u> of its Claim to (check one box only): <input type="checkbox"/> ACCEPT the Plan  <input type="checkbox"/> REJECT the Plan 	
Please note: If you vote to accept the Plan, you will be deemed to have given the specific releases set forth in Section 8.8.7 of the Plan.	
Item 3. TELEPHONE NUMBER / AUTHORIZATION	
Telephone Number:	
Name of Signatory (if different from claimant):	
If by Authorized Agent, Title or Agent:	
Item 4. ACKNOWLEDGEMENTS AND CERTIFICATIONS. By signing and returning this Ballot, you make the following acknowledgements and certifications: (i) I have been provided with a copy of the Plan, the Disclosure Statement, the Exhibit Book, the Voting Procedures, and the exhibits thereto; and (ii) I was the Holder of a General Unsecured Claim, as defined in the Plan, as of the Voting Record Date or I have the authority, under applicable law, to vote to accept or reject the Plan on behalf of a Holder of a General Unsecured Claim as of the Voting Record Date.	
Item 5. SIGNATURE AND DATE:	
Signature of Claimant or Authorized Agent	Date
Item 6. ADDRESS CORRECTIONS, IF ANY (PRINT CLEARLY)	
Name	
Address 1	
Address 2	
City, State and ZIP Code (US)	